

2-17-04
cc:

PAP 3 - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 11/17/2003

John C. Stringham
WORKMAN NYDEGGER & SEELEY
1000 EAGLE GATE TOWER
60 EAST SOUTH TEMPLE
SALT LAKE CITY, UT 84111

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/826,258	04/03/2001	P. Timothy Moore	14856.5.2.	2703

TITLE OF INVENTION: CLEANING BRUSH FOR MEDICAL DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	02/17/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
SPISICH, MARK	1744		015-104200		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 WORKMAN NYDEGGER

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NeoSci Medical, Inc., 1192 East Draper, Suite 442, Draper, Utah 84020

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 15 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-3178 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

Authorized Signature)

(Date)

John C. Stringham

Feb. 13 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

02/25/2004 ABONDAF2 00000001 09826258

01 FC:2501	665.00	OP
02 FC:1504	300.00	OP
03 FC:8001	45.00	OP

TRANSMIT THIS FORM WITH FEE(S)

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): P. Timothy Moore and Matthew S. Longson

Docket No.

14856.5.2

FEB

13 2004

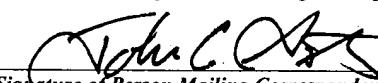
Serial No.
09/526,258Filing Date
April 3, 2001Examiner
Spisich, MarkGroup Art Unit
1744

Invention: CLEANING BRUSH FOR MEDICAL DEVICES

I hereby certify that the following correspondence:

Issue Fee Transmittal (1 page); PTO Credit Card Payment Form in the amount of \$1,010.00 (1 page); Certificate of Mailing by Express Mail No. EV 322099075 US (1 page); Part B - Fee(s) Transmittal in duplicate (2 pages); postcard*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

February 13, 2004*(Date)***John C. Stringham***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EV 322099075 US***("Express Mail" Mailing Label Number)*

Note: Each paper must have its own certificate of mailing.

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)
(37 C.F.R. 1.311)

Docket No.
14856.5.2

Applicant(s): P. Timothy Morre, Englewood, Colorado and Matthew S. Longson, Holladay, Utah

Serial No.
09/826,258

Filing Date
April 3, 2001

Examiner
Spisich, Mark

Group Art Unit
1744

Confirmation No.
2703

Invention: CLEANING BRUSH FOR MEDICAL DEVICES

Mail Stop Issue Fee
TO THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

Issue Fee Transmittal Form PTOL-85

Utility Fee: \$ 665.00 Design Fee: _____ Plant Fee: _____

Publication Fee: \$ 300.00

A Verified Small Entity Statement

Is Attached.

Was Filed On: April 3, 2001
Date

A check in the amount of _____ is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 23-3178
as described below.

Charge the amount of _____
 Credit any overpayment.
 Charge any additional fee required.


Signature

Dated: February 13, 2004

John C. Stringham, Reg. No. 40,831
WORKMAN NYDEGGER
1000 Eagle Gate Tower
60 East South Temple Street
Salt Lake City, Utah 84111
Telephone: (801) 533-9800
Facsimile: (801) 328-1707

I certify that this document and fee is being deposited
on _____ with the U.S. Postal Service as
first class mail under 37 C.F.R. 1.8 and is addressed to the
Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC: